

In re **Charles J. Jameson,**
Lynn S. JamesonCase No. 12-36039

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 1230300355		H					
Accurate Collection Services 17 Prospect Street Morristown, NJ 07960		H					695.86
Account No. 01-1064350		W					
Anesthesia Associates of Morristown, PA PO Box 7319 Bedminster, NJ 07921		W					93.45
Account No. 130871024		W					
CBHV 155 North Plank Road P.O. Box 831 Newburgh, NY 12551		W					305.88
Account No. 130803163		W					
CBHV 155 North Plank Road P.O. Box 831 Newburgh, NY 12551		W					162.84
3 continuation sheets attached				Subtotal (Total of this page)			1,258.03

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community					AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED		
Account No. 77357643	H						31.65
EMA PO Box 6312 Parsippany, NJ 07054	H						
Account No.	H						
EMA PO Box 6312 Parsippany, NJ 07054	H						31.65
Account No. 1046994	H						
HSS Collection Agency P.O. Box 116 Cliffside Park, NJ 07010	H						162.75
Account No. MIA300625	W						
Morris Imaging Assoc PA PO Box 6750 Portsmouth, NH 03802	W						115.97
Account No. A135002760	W						
Morristown Medical Center PO Box 35610 Newark, NJ 07193	W						130.95
Sheet no. 1 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				472.97

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	AMOUNT OF CLAIM		
				CONTINGENT	UNLIQUIDATED	DISPUTED
Account No. A1305901313						
Morristown Medical Center PO Box 35610 Newark, NJ 07193		W				620.85
Account No.						
Morristown Pathology Assoc, P.A. 65 Madison Ave Suite 220 Morristown, NJ 07960		W				61.56
Account No. 947-10512.1						
New Jersey Imaging Network, LLC PO Box 714694 Boston, MA 02241		H				76.95
Account No. MRI000020249-001						
Open MRI of Morristown 95 Madison Avenue Suite B-4 Morristown, NJ 07960-7328		W				273.23
Account No. 100-86510						
Practice Assoc Medical Group P.O. Box 416457 Boston, MA 02241		H				127.18
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		1,159.77

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 13851718							
Rubin & Raine of NJ, LLC PO Box 949 Cranberry Commons 446 Route 35, Building C Eatontown, NJ 07724		W					853.55
Account No. A72636		W					
Savit Collection Agency P.O. Box 250 East Brunswick, NJ 08816-0250		W					476.00
Account No.							
Account No.							
Account No.							
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,329.55
				Total (Report on Summary of Schedules)			4,220.32